

SECRET
(When Filled In)

541

PERI. C SUPPLEMENT PERSONAL HISTORY STATEMENT		THIS DATE
INSTRUCTIONS		
<p>This form provides the means whereby your official personnel records will be kept current. Even though it duplicates information you have furnished previously, it will be necessary for you to complete Sections I through VI in their entirety. You need complete Sections VII through XIII only if there has been a change since you entered on duty with the organization or if you believe the item requires more complete coverage than you have previously reported.</p>		
SECTION I GENERAL		
1. FULL NAME (Last-First-Middle) BERZINS ALFRED DEKABIS		
2. CURRENT ADDRESS (No., Street, City, Zone, State) 121 West 92nd St. N.Y.N.Y.		3. PERMANENT ADDRESS (No., Street, City, Zone, State) SAME
4. HOME TELEPHONE NUMBER Rm 92 93208	5. STATE, TERRITORY, POSSESSION OR COUNTRY IN WHICH YOU NOW CLAIM RESIDENCE N.Y.	
SECTION II PERSON TO BE NOTIFIED IN CASE OF EMERGENCY		
1. NAME (Last-First-Middle) PREFERABLY RESIDING IN U.S. MILDA ARSMIS		2. RELATIONSHIP SISTER
3. HOME ADDRESS (No., Street, City, Zone, State, Country) 292 HIGH PARK AVE. TORONTO CANADA		
4. BUSINESS ADDRESS (No., Street, City, Zone, State, Country)- INDICATE NAME OF FIRM OR EMPLOYER, IF APPLICABLE SAME AS 3		
5. HOME TELEPHONE NUMBER UNKNOWN	6. BUSINESS TELEPHONE NUMBER	7. BUSINESS TELEPHONE EXTENSION
8. IN CASE OF EMERGENCY, OTHER CLOSE RELATIVES (Spouse, Mother, Father) MAY ALSO BE NOTIFIED. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE.		
SECTION III MARITAL STATUS		
1. CHECK (X) ONE: <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> ANNULLED		
2. FURNISH DATE, PLACE AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS SEPARATED BY COMMUNISM - WIFE DEPORTED TO SIBERIA FORCED LABOR CAMP 1941. DUNEIN MARRIED NOV, 1932 RZA		
SPOUSE: If you have been married more than once, including annulments, use a separate sheet for former wife or husband giving data below for all previous marriages. If marriage is contemplated, provide some data for fiancee.		
3. NAME (First) (Middle) (Last) ALINA SABERS		
4. DATE OF MARRIAGE NOV 6 1932	5. PLACE OF MARRIAGE (City, State, Country) RIGA - LATVIA	
6. ADDRESS OF SPOUSE BEFORE MARRIAGE (No., Street, City, State, Country) MARIAS IELA 450 RZA Latvia		
7. LIVING <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	8. DATE OF DEATH	9. CAUSE OF DEATH
10. CURRENT ADDRESS (Give last address, if deceased) UNKNOWN		
11. DATE OF BIRTH SEPT 2 1897	12. PLACE OF BIRTH (City, State, Country) AUCE LATVIA	
13. IF BORN OUTSIDE U.S.-DATE OF ENTRY	14. PLACE OF ENTRY	
15. CITIZENSHIP (Country) LATVIAN	16. DATE ACQUIRED SINCE BORN	17. WHERE ACQUIRED (City, State, Country)
18. OCCUPATION HOUSEWIFE	19. PRESENT EMPLOYER (Also give former employer, or if spouse is deceased or unemployed, last two employers) UNKNOWN	
20. EMPLOYER'S OR BUSINESS ADDRESS (No., Street, City, State, Country) UNKNOWN		

SECTION III CONTINUED TO PAGE 2

FORM 444b USE PREVIOUS EDITIONS.
4-57

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(4)

DECLASSIFIED AND RELEASED BY
CENTRAL INTELLIGENCE AGENCY
SOURCE/METHOD/EXEMPTION 3B2D
NAZI WAR CRIMES DISCLOSURE ACT
DATE 2007

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SECTION V CONTINUED FROM PAGE 2

6. BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS

NAME OF INSTITUTION	ADDRESS (City, State, Country)

7. HAVE YOU EVER BEEN IN, OR PETITIONED FOR, BANKRUPTCY?

YES

☒ NO

8. IF YOU HAVE ANSWERED "YES" TO QUESTION 7 ABOVE, GIVE PARTICULARS, INCLUDING COURT AND DATE(S)

SECTION VI

CITIZENSHIP

1. COUNTRY OF CURRENT CITIZENSHIP

LATVIA

2. CITIZENSHIP ACQUIRED BY - CHECK (X) ONE:

☒ BIRTH

☐ MARRIAGE

☐ OTHER (Specify):

3. HAVE YOU TAKEN STEPS TO CHANGE YOUR PRESENT CITIZENSHIP? ☒ YES ☐ NO

4. GIVE PARTICULARS

FIRST PAPERS (USA)

5. IF YOU HAVE APPLIED FOR U.S. CITIZENSHIP, INDICATE PRESENT STATUS OF YOUR APPLICATION (First papers, etc.)

FIRST PAPERS

SECTION VII

EDUCATION

1. CHECK (X) HIGHEST LEVEL OF EDUCATION ATTAINED

☒ LESS THAN HIGH SCHOOL GRADUATE

☒ OVER TWO YEARS OF COLLEGE - NO DEGREE

☒ HIGH SCHOOL GRADUATE

☒ BACHELOR'S DEGREE

☒ TRADE, BUSINESS, OR COMMERCIAL SCHOOL GRADUATE

☐ GRADUATE STUDY LEADING TO HIGHER DEGREE

☐ TWO YEARS COLLEGE OR LESS

☐ MASTER'S DEGREE

☐ DOCTOR'S DEGREE

~~LATVIAN ARMY OFFICER SCHOOL~~ COLLEGE OR UNIVERSITY STUDY

NAME AND LOCATION OF COLLEGE OR UNIVERSITY	SUBJECT		DATES ATTENDED		DEGREE REC'D	DATE REC'D	SEM/OTR HRS. COMPLETED (Specify)
	MAJOR	MINOR	FROM	TO			

2. TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS

NAME OF SCHOOL	STUDY OR SPECIALIZATION	DATES ATTENDED		TOTAL HOURS
		FROM	TO	
<i>COMMERCE INSTITUTE IN RIGA LATVIA</i>		<i>1923</i>	<i>1926</i>	

3. MILITARY TRAINING (Full time duty in specialized schools such as Ordnance, Intelligence, Communications, etc.)

NAME OF SCHOOL	STUDY OR SPECIALIZATION	DATES ATTENDED		TOTAL WEEKS
		FROM	TO	
<i>LATV. ARMY OFFICER SCHOOL</i>		<i>1919</i>	<i>1920</i>	

4. OTHER EDUCATIONAL TRAINING NOT INDICATED ABOVE

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SECTION VIII GEOGRAPHIC AREA KNOWLEDGE						
1. LIST BELOW ANY FOREIGN REGIONS OR COUNTRIES OF WHICH YOU HAVE KNOWLEDGE GAINED AS A RESULT OF RESIDENCE, TRAVEL, STUDY OR WORK ASSIGNMENT OTHER THAN ORGANIZATION EXPERIENCE. UNDER COLUMN "TYPE OF SPECIALIZED KNOWLEDGE," INDICATE TYPE OF KNOWLEDGE SUCH AS TERRAIN, COASTS, HARBORS, UTILITIES, RAILROADS, INDUSTRIES, POLITICAL PARTIES, ETC.						
NAME OF REGION OR COUNTRY	TYPE OF SPECIALIZED KNOWLEDGE	DATES OF RESIDENCE, TRAVEL, ETC.	KNOWLEDGE ACQUIRED BY			
			RESIDENCE	TRAVEL	STUDY	WORK ASSIGNMENT
BALT. STATES						X
FINLAND SWEDEN						X
GERMANY - FRANCE						X
HOLLAND-BELGIUM						X
SWITZERLAND, ENGLAND						X
ITALY, AUSTRIA, HUNGARY						X
POLAND, RUSSIA,						X
2. INDICATE THE PURPOSE OF VISIT, RESIDENCE OR TRAVEL FOR EACH OF THE REGIONS OR COUNTRIES LISTED ABOVE. <div style="text-align: center;"> <p>WAS SEND BY THE LATVIAN GOVERNMENT AS A MEMBER OF THE LATVIAN GOVERNMENT</p> </div>						
3. LIST BELOW ANY FOREIGN REGIONS OR COUNTRIES OF WHICH YOU HAVE GAINED KNOWLEDGE AS A RESULT OF ORGANIZATION ASSIGNMENT OR ACTIVITY.						
NAME OF REGION OR COUNTRY	TYPE OF SPECIALIZED KNOWLEDGE	DATES OF RESIDENCE, TRAVEL, ETC.	KNOWLEDGE ACQUIRED BY			
			INDOTS ASSIGNMENT	FIELD ASSIGNMENT	TRAINING	
SWEDEN, DENMARK	SOCIAL SCIENCE	DURING THE PERIOD 1929-1940				
FINLAND	NATIONAL GUARD					
SECTION IX TYPING AND STENOGRAPHIC SKILLS						
1. TYPING (W.P.M.)		2. SHORTHAND (W.P.M.)		3. SHORTHAND SYSTEM USED - CHECK (X) APPROPRIATE ITEM		
40				<input type="checkbox"/> GREGG <input type="checkbox"/> SPEEDWRITING <input type="checkbox"/> STENO TYPE <input type="checkbox"/> OTHER (Specify):		
4. INDICATE OTHER BUSINESS MACHINES WITH WHICH YOU HAVE HAD OPERATING EXPERIENCE OR TRAINING (Comptometer, Mimeograph, Card Punch, etc.)						
SECTION X SPECIAL QUALIFICATIONS						
1. LIST ALL HOBBIES AND SPORTS IN WHICH YOU ARE ACTIVE OR HAVE ACTIVELY PARTICIPATED. INDICATE YOUR PROFICIENCY IN EACH. <div style="text-align: center;"> <p>WAS THE LEADER OF ALL LATVIAN SPORTS ACTIVITIES FROM 1936-1940</p> </div>						
2. INDICATE ANY SPECIAL QUALIFICATIONS, RESULTING FROM EXPERIENCE OR TRAINING, WHICH MIGHT FIT YOU FOR A PARTICULAR POSITION OR TYPE OF WORK. <div style="text-align: center;"> <p>POLITICS - PROPAGANDA</p> </div>						
3. EXCLUDING EQUIPMENT NOTED IN SECTION X, LIST ANY SPECIAL SKILLS YOU POSSESS RELATING TO OTHER EQUIPMENT OR MACHINES SUCH AS OPERATION OF SHORTWAVE RADIO, MULTILITH, TURRET LATHE, SCIENTIFIC AND PROFESSIONAL DEVICES, ETC.						
4. IF YOU ARE A LICENSED OR CERTIFIED MEMBER OF ANY TRADE OR PROFESSION (Pilot, Electrician, Radio Operator, Teacher, Lawyer, CPA, Medical Technician, etc.), INDICATE THE KIND OF LICENSE OR CERTIFICATE, NAME OF ISSUING STATE, AND REGISTRY NUMBER, IF KNOWN.						
5. FIRST LICENSE OR CERTIFICATE (Year of issue)			6. LATEST LICENSE OR CERTIFICATE (Year of issue)			

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SECTION X CONTINUED FROM PAGE 4

7. LIST ANY SIGNIFICANT PUBLISHED MATERIALS OF WHICH YOU ARE THE AUTHOR (Do not submit copies unless requested).
INDICATE TITLE, PUBLICATION DATE, AND TYPE OF WRITING (Non-fiction, scientific articles, general interest sub-
jects, novels, short stories, etc.)
*OSAN WISHINSKY PROBLEMS OF THE SOVIET UNION AND SEVERAL ARTICLES & PUBLICATIONS
CONCERNING THE LATVIAN ISSUE*
8. INDICATE ANY DEVICES WHICH YOU HAVE INVENTED AND STATE WHETHER OR NOT THEY ARE PATENTED
9. LIST ANY PUBLIC SPEAKING AND PUBLIC RELATIONS EXPERIENCE *IS WELL KNOWN LATVIAN SPEAKER
THEREFORE IS INVITED TO SPEAK TO MANY LATVIAN MEETINGS IN
US & CANADA*
10. LIST ANY PROFESSIONAL, ACADEMIC OR HONORARY ASSOCIATIONS OR SOCIETIES IN WHICH YOU ARE NOW OR WERE FORMERLY A
MEMBER. LIST ACADEMIC HONORS YOU HAVE RECEIVED.
NONE

SECTION XI ORGANIZATION WORK EXPERIENCE - SINCE LAST COMPLETION OF A PERSONNEL QUALIFICATIONS QUESTIONNAIRE

1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
6. DESCRIPTION OF DUTIES		
1		
1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
6. DESCRIPTION OF DUTIES		
2		
1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
6. DESCRIPTION OF DUTIES		
3		
1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
6. DESCRIPTION OF DUTIES		
4		
1. INCLUSIVE DATES (From- and To-)	2. GRADE	3. OFFICE/DIVISION/BRANCH OF ASSIGNMENT
4. NO. OF EMPLOYEES UNDER YOUR DIRECT SUPERVISION	5. OFFICIAL POSITION TITLE	
6. DESCRIPTION OF DUTIES		
5		

(Use additional pages if required)

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SECTION XI

CHILDREN AND OTHER DEPENDENTS

DONE

13c.



NOTE

3. PROVIDE THE FOLLOWING INFORMATION FOR ALL CHILDREN AND DEPENDENTS

[illegible]

SIGNATURE OF EMPLOYEE

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